

| POSITION                  | INITIALS  | ID NO.     | DATE                |
|---------------------------|-----------|------------|---------------------|
| FEE DETERMINATION         |           |            |                     |
| O.I.P.E. CLASSIFIER       |           |            |                     |
| FORMALITY REVIEW          | <i>Zm</i> | <i>927</i> | <i>2/6 02/21/01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                     |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | 0    |
| 9              | 0    |
| 10             | ✓    |
| 11             | 0    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | 0    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | 0    |
| 24             | 0    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | ✓    |
| 28             | ✓    |
| 29             | 0    |
| 30             | 0    |
| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
| 34             | 0    |
| 35             | ✓    |
| 36             | ✓    |
| 37             | ✓    |
| 38             | ✓    |
| 39             | 0    |
| 40             | ✓    |
| 41             | ✓    |
| 42             | ✓    |
| 43             | ✓    |
| 44             | ✓    |
| 45             | ✓    |
| 46             | 0    |
| 47             | 0    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 149            |      |
| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)